

Norridge Police Department

Safety Review Board

Date Assigned	Member	Present	Excused	Unexcused
05/01/03	Officer Malicki	X		
07/15/16	Corporal Wendt	X		
10/01/16	Officer Smith	X		
06/28/17	Sergeant Rice	X		
07/01/18	Officer Ljubicic		X	

Review Date: 04/11/19

M/V Crash 19-003097

Officer: Deutscher #39

Squad # 514

1. Classification I

- a. The employee was not at fault, ordinary caution was exercised.
- b. The employee was legally parked or standing.
- c. The employee was aware of the impending hazard, alert to its consequences and skillful in minimizing the effect of the hazard.
- d. The incident occurred during conditions when the incident could be excused.

2. Classification II

- a. The employee failed to exercise reasonable care.
- b. The employee deviated inexcusably from Department rules, regulations, procedures and/or general safety practices.

3. Classification II

- a. Applies when an employee is guilty of a Classification II violation for the fourth time within a 24 month period.
- b. Applies when an employee's actions were conducted in such a manner as to disregard the safety of others and/or to themselves.

Recommendation: Three votes for 2a, and One vote for 1a.

Summary of Incident: Ofc. Deutcher made contact with the yellow guard rail while pulling into the

garage.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

DRAC 1	PEDV U	TRFD 1	TRFC 1	WEAT 1	DRV 16	VIS U	VEHD U1	U	LGH 1	COLL 6	MANV U1	4	U	PPA	PPL
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**IY002**

* X001499936 *

INVESTIGATING AGENCY Norridge Police Department										DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY \$500 OR LESS \$501 - \$1,500 OVER \$1,500	TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED		<input checked="" type="checkbox"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due To Crash			AGENCY CRASH REPORT NO. 19-003097		TRFW 13
ADDRESS NO. 4020		HIGHWAY OR STREET NAME OLCOTT AVE								<input checked="" type="checkbox"/> City NORRIDGE	Township <input type="checkbox"/>	INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF CRASH 3/31/2019	TIME 6:17	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	LARS CODE	VEHT 16 U1	
(CIRCLE) FT / MI N S E W <input type="checkbox"/> <input type="checkbox"/> AT INTERSECTION WITH _____ (NAME OF INTERSECTION OR ROAD FEATURE)										COUNTY COOK	PRIVATE PROPERTY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DOORING WITH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	NUMBER MOTOR VEHICLES INVLD 1	LARS CODE	NO. LANES 1			
NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUES <input type="checkbox"/> NMV <input type="checkbox"/> NCV DEUTSCHER, STEVEN										DATE OF BIRTH mo / day / yr	MAKE FORD	MODEL TAURUS	YEAR 2014	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 3	FRONT REAR 	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	TOWED DUE TO CRASH <input type="checkbox"/> FIRE <input type="checkbox"/> CELLPHONE <input checked="" type="checkbox"/> EXCEED SPEED LIMIT <input type="checkbox"/> COM VEH <input type="checkbox"/> * IF YES SEE SIDEBAR	ALIGN 1
STREET ADDRESS 4020 N OLCOTT										SEX M	SAFT 2	AIR 4	PLATE NO. MP9658	STATE IL	YEAR	INSURANCE CO. Underwriter's Lloyd's London	RSUR 1	
CITY NORRIDGE STATE IL ZIP 60706										INJURY O	EJECT 1	VIN	1FAHP2MKXEG153737	INSURANCE CO.	VEHU 6 U1			
TELEPHONE (708) 453-4770		DRIVER LICENSE NO. [REDACTED]		STATE IL	CLASS D	VEHICLE OWNER (LAST, FIRST, M.I.) NORRIDGE, VILLAGE OF				TELEPHONE (708) 453-0800	POLICY NO. BGA30005407							
TAKEN TO Refused										EMS AGENCY	OWNER ADDRESS (STREET, CITY, STATE, ZIP) 4000 N OLCOTT NORRIDGE, IL, 60706				TELEPHONE	POLICY NO.		
NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUES <input type="checkbox"/> NMV <input type="checkbox"/> NCV										DATE OF BIRTH mo / day / yr	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT	FRONT REAR 	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	TOWED DUE TO CRASH <input type="checkbox"/> FIRE <input type="checkbox"/> CELLPHONE <input type="checkbox"/> EXCEED SPEED LIMIT <input type="checkbox"/> COM VEH <input type="checkbox"/> * IF YES SEE SIDEBAR	RDEF 1
STREET ADDRESS										SEX M	SAFT 2	AIR 4	PLATE NO.	STATE IL	YEAR	INSURANCE CO.	BAC 96 U1	
CITY STATE ZIP										INJURY O	EJECT 1	VIN	1FAHP2MKXEG153737	INSURANCE CO.	NO. OCCS 1 U1			
TELEPHONE		DRIVER LICENSE NO.		STATE IL	CLASS D	VEHICLE OWNER (LAST, FIRST, M.I.)				TELEPHONE	POLICY NO.							
TAKEN TO										EMS AGENCY	OWNER ADDRESS (STREET, CITY, STATE, ZIP)				TELEPHONE	POLICY NO.		
(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)				(HOSP)	(EMS)					
1	<input checked="" type="checkbox"/>	43	5															
2	<input type="checkbox"/>							PROPERTY OWNER ADDRESS CITY STATE ZIP				PRIMARY 18	POSTED SPEED LIMIT 0	Did crash occur in a Work Zone? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
3	<input type="checkbox"/>							ARREST NAME SECTION CITATION NO.				SECONDARY 18		If YES check one below: <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Utility <input type="checkbox"/> Unknown work zone type				
1	<input type="checkbox"/>							ARREST NAME SECTION CITATION NO.										
2	<input type="checkbox"/>							OFFICER ID. 5104				DATE POLICE NOTIFIED 3/31/2019	TIME NOTIFIED 9:12 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM					
3	<input type="checkbox"/>							SIGNATURE Victor Wendt				BEAT / DIST. SUPERVISOR ID. Wayne Schober, 5502	COURT DATE	COURT TIME <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Workers present? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			

UNIT 1

UNIT 1

X001499936

A Diagram and Narrative are required on all Type B crashes,
even if units have been moved prior to the officer's arrival.

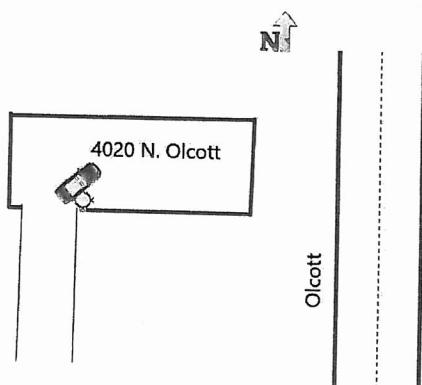


Diagram Drawn Not To Scale

NARRATIVE (Refer to vehicle by Unit No.)

At approx. 0912hrs I contacted our dispatch center in regards to an accident involving Unit 1 and the yellow protective post located in the police garage at 4020 N. Olcott. The driver of Unit 1 stated that he was not aware of striking the post. Upon review of video it was learned that at 0617hrs Unit 1 was pulling into the garage in a N/E direction, when the right rear wheel area struck the post. Photos were taken and a separate NPD report number was saved under 19-00395.

LOCAL USE ONLY

Motorist 1 Report No:

N 41.9534

Motorist Report No:

W -87.8146

U1 Color:

U Color:

U1 Race: W

U Race:

U1 Towed by / to :

U Towed by / to :

COMMERCIAL MOTOR VEHICLE (CMV)

**IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A
ADDITIONAL UNITS FORMS.**

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

UNIT _____

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____ ILLCC NO. _____

Source of above info. Side of Truck Papers Driver Log Book

Gross Vehicle Weight Rating (GVWR). _____

Were HAZMAT placards displayed on the vehicle? Y N

If yes, name on placard _____

4-Digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own tank)? Y N UNK

Did HAZMAT Regulations violation contribute to the crash? Y N UNK

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? Y N UNK

Was a Driver/Vehicle Examination Report form completed?
HAZMAT Y N UNK Out of Service? Y N
MCS Y N UNK Out of Service? Y N
Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD? Y N

TRAILER WIDTH(S): 0-96" 97-102" >102"

TRAILER 1
TRAILER 2

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft
TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

CRASH LOCATION: CITY OF OR NEAREST CITY

_____ MILES N E S W OR _____

CIRCLE ONE CITY NAME

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____

ORDER OF SUSPENSION
(by Chief of Police)

April 26, 2019

TO: Officer Steven Deutscher
[REDACTED]

You are hereby notified, pursuant to Section 5/10-2.1-17 of Chapter 65 of the Illinois Compiled Statutes, that you are suspended as a Police Officer of the Police Department of the Village of Norridge, for a period of two (2) days, May 13, 2019 and June 2, 2019 for the following reason:

That on to-wit, March 31, 2019 on or about 6:17am, Officer Steven Deutscher, being a member of the Norridge Police Department, while driving Norridge squad care #514, was involved in a crash with the Norridge Police garage door,. Officer Deutscher was determined to have failed to exercise reasonable care.

In violation of the Rules and Regulations and Policies and Procedures of the Police Department of the Village of Norridge, State of Illinois, as passed and approved by the Village of Norridge President and Board of Trustees and effective on the 1st day of March, 2014, that at said time and place Officer Steven Deutscher was guilty of violating Rule 2.33.2 Proper Use of Motor Vehicles and General Order 14-04 Section III C2cii.



Dave Disselhorst
Chief of Police
Norridge Police Department
Norridge, Illinois

Received a copy of the above Order of Suspension this

26 day of April 2019
Signed: Officer [Signature]

Cc: Board of Police and Fire Commissioners
Ursula Kucharski, Chairperson Police Committee